

In The United States Court of Federal Claims

Form 2

Cover Sheet

25-141 C

Plaintiff(s) or Petitioner(s)

Location of Plaintiff(s)/Petitioner(s) (city/state): _____

Names: caustin lee mclaughlin (claimant)

1000 North Woodington Rd Baltimore MD 21229

(If this is a multi-plaintiff case, pursuant to RCFC 20(a), please use a separate sheet to list additional plaintiffs.)

Name of the attorney of record (See RCFC 83.1(c)): pro se

Firm Name: _____

Contact information for pro se plaintiff/petitioner or attorney of record:

Post Office Box:

Street Address: 6401 Security BLVDCity-State-ZIP: BALTIMORE, MD

Telephone Number: _____

E-mail Address: _____

Is the attorney of record admitted to the Court of Federal Claims Bar? ☐ Yes ☐ NoNature of Suit Code: 051

Select only one (three digit) nature-of-suit code from the attached sheet.

Agency Identification Code: 0Number of Claims Involved: 1Amount Claimed: \$ 280,100

Use estimate if specific amount is not pleaded.

Bid Protest Case (required for NOS 138 and 140):

Indicate approximate dollar amount of procurement at issue: \$ _____

Is plaintiff a small business? ☐ Yes ☒ NoWas this action proceeded by the filing of a ☐ Yes ☒ No Solicitation No. _____

protest before the GAO?

If yes, was a decision on the merits rendered? ☐ Yes ☐ No

Income Tax (Partnership) Case:

Identify partnership or partnership group: _____

Takings Case:

Specify Location of Property (city/state): _____

Vaccine Case:

Date of Vaccination: _____

Related case:

Is this case directly related to any pending or previously filed ☐ Yes ☒ No

case(s) in the United States Court of Federal Claims? If yes, you are required to file a separate notice of directly related case(s). See RCRC 40.2.